VIRGINIA HEALTH/REHABILITATION CENTER

1451 CLEVELAND AVENUE

WAUKESHA 53186 Phone: (262) 547-2123 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 105 Yes Number of Residents on 12/31/02: Average Daily Census: 101

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	90							
Home Health Care	No	 Primary Diagnosis	응	Age Groups	응	 Less Than 1 Year	30.2			
Supp. Home Care-Personal Care	No					1 - 4 Years	53.1			
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.3	More Than 4 Years	16.7			
Day Services	No	Mental Illness (Org./Psy)	1.0	65 - 74	4.2					
Respite Care	Yes	Mental Illness (Other)	1.0	75 - 84	41.7		100.0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.5	* * * * * * * * * * * * * * * * * * *	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.4	Full-Time Equivalen	t			
Congregate Meals No		Cancer	1.0			Nursing Staff per 100 Residents				
Home Delivered Meals	No	Fractures	3.1		100.0	(12/31/02)				
Other Meals	No	Cardiovascular	59.4	65 & Over	93.8					
Transportation	No	Cerebrovascular	5.2			RNs	11.1			
Referral Service	No	Diabetes	6.3	Sex	%	LPNs	8.4			
Other Services	No	Respiratory	3.1			Nursing Assistants,				
Provide Day Programming for		Other Medical Conditions	19.8	Male	20.8	Aides, & Orderlies	41.1			
Mentally Ill	No			Female	79.2					
Provide Day Programming for			100.0							
Developmentally Disabled	No				100.0					
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Method of Reimbursement

		Medicare			edicaid			Other			Private Pay	:		amily Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	3.0	137	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.1
Skilled Care	11	100.0	334	64	97.0	117	0	0.0	0	17	100.0	160	0	0.0	0	2	100.0	375	94	97.9
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		66	100.0		0	0.0		17	100.0		0	0.0		2	100.0		96	100.0

VIRGINIA HEALTH/REHABILITATION CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	4.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.1	Bathing	0.0		60.4	39.6	96
Other Nursing Homes	2.0	Dressing	13.5		57.3	29.2	96
Acute Care Hospitals	83.7	Transferring	31.3		44.8	24.0	96
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.8		56.3	25.0	96
Rehabilitation Hospitals	0.0	Eating	69.8		15.6	14.6	96
Other Locations	5.1	* * * * * * * * * * * * * * * * * * *				******	******
otal Number of Admissions	98	Continence		%	Special Treatmen	ts	90
Percent Discharges To:		Indwelling Or Exter	nal Catheter	4.2	Receiving Resp	iratory Care	8.3
Private Home/No Home Health	11.5	Occ/Freq. Incontine	nt of Bladder	43.8	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	19.2	Occ/Freq. Incontine	nt of Bowel	37.5	Receiving Suct	ioning	0.0
Other Nursing Homes	1.0	1			Receiving Osto	my Care	1.0
Acute Care Hospitals	18.3	Mobility			Receiving Tube	Feeding	3.1
Psych. HospMR/DD Facilities	1.0	Physically Restrain	ed	1.0	Receiving Mech	anically Altered Diet	s 20.8
Rehabilitation Hospitals	0.0					-	
Other Locations	1.0	Skin Care			Other Resident C	haracteristics	
Deaths	48.1	With Pressure Sores		3.1	Have Advance D	irectives	66.7
otal Number of Discharges		With Rashes		5.2			
(Including Deaths)	104				Receiving Psyc	hoactive Drugs	43.8

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprietary Facility Peer Group		100	-199	Ski	lled	Ali	l		
	Facility			Peer	Group	Peer Group		Facilities			
	%	90	Ratio	%	Ratio	엉	Ratio	ଚ	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	96.2	81.9	1.17	88.6	1.09	84.2	1.14	85.1	1.13		
Current Residents from In-County	82.3	83.1	0.99	85.4	0.96	85.3	0.96	76.6	1.07		
Admissions from In-County, Still Residing	26.5	18.8	1.41	18.6	1.42	21.0	1.26	20.3	1.31		
Admissions/Average Daily Census	97.0	182.0	0.53	203.0	0.48	153.9	0.63	133.4	0.73		
Discharges/Average Daily Census	103.0	180.8	0.57	202.3	0.51	156.0	0.66	135.3	0.76		
Discharges To Private Residence/Average Daily Census	31.7	69.3	0.46	76.5	0.41	56.3	0.56	56.6	0.56		
Residents Receiving Skilled Care	100	93.0	1.08	93.5	1.07	91.6	1.09	86.3	1.16		
Residents Aged 65 and Older	93.8	87.1	1.08	93.3	1.01	91.5	1.02	87.7	1.07		
Title 19 (Medicaid) Funded Residents	68.8	66.2	1.04	57.0	1.21	60.8	1.13	67.5	1.02		
Private Pay Funded Residents	17.7	13.9	1.28	24.7	0.72	23.4	0.76	21.0	0.84		
Developmentally Disabled Residents	0.0	1.0	0.00	1.0	0.00	0.8	0.00	7.1	0.00		
Mentally Ill Residents	2.1	30.2	0.07	28.5	0.07	32.8	0.06	33.3	0.06		
General Medical Service Residents	19.8	23.4	0.84	28.9	0.68	23.3	0.85	20.5	0.97		
Impaired ADL (Mean)	50.2	51.7	0.97	50.9	0.99	51.0	0.98	49.3	1.02		
Psychological Problems	43.8	52.9	0.83	52.9	0.83	53.9	0.81	54.0	0.81		
Nursing Care Required (Mean)	5.2	7.2	0.72	6.8	0.77	7.2	0.72	7.2	0.72		